

WATER FACILITIES INVENTORY (WFI) FORM

Quarter: V

Updated: 06/08/2006

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Annual Update

ONE FORM PER SYSTEM

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

1. SYSTEM ID NO. 08760 Y	2. SYSTEM NAME BROOKHAVEN	3. COUNTY KITSAP	4. GROUP B	5. TYPE
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6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS	8. Owner Number 000212
Bob Blackman (Chief Ops officer) CHARLES C. WARNER [FIELD SUPER] RAINIER VIEW WATER CO PO BOX 44427 TACOMA, WA 98444 8	RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	TITLE: OWNER CONTACT

STREET ADDRESS IF DIFFERENT FROM ABOVE			STREET ADDRESS IF DIFFERENT FROM ABOVE		
ATTN			ATTN		
ADDRESS			ADDRESS 5410 189TH ST E		
CITY	STATE	ZIP	CITY	STATE WA	ZIP 98375
			PUYALLUP		

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone:	(253) 537-6634	Owner Daytime Phone:	(253) 537-6634
Primary Contact Mobile/Cell Phone:	(253) 537-6634	Owner Mobile/Cell Phone:	
Primary Contact Evening Phone:	(360) 893-4296	Owner Evening Phone:	(253) 537-6634
Fax: (253) 537-6634	E-mail: chuck@ranierviewwater.com	Fax: (253) 537-7896	E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) <input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only		SMA NAME: _____	SMA Number: _____
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12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.):
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one) <input type="checkbox"/> Association <input type="checkbox"/> County <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State				14. STORAGE CAPACITY (gallons) 0
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[illegible]

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 08760 Y	2. SYSTEM NAME BROOKHAVEN	3. COUNTY KITSAP	4. GROUP B	5. TYPE
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	10	12
A. Full Time Single Family Residences (Occupied 180 days or more per year)	10		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		10	12

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per year?	23

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 0

Updated: 01/15/2008

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 36176 H	2. SYSTEM NAME FIRWOOD WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN ^{Chief Ops Officer} [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	60,000,000

15	16	17	18												19	20	21				22	23	24					
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT				DEPTH		SOURCE LOCATION					
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL NO. 1		X										X				X						58	42	NE SE	35	19N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 36176 H	2. SYSTEM NAME FIRWOOD WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	8	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	89		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
28. TOTAL SERVICE CONNECTIONS		8	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 23

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 0

Updated: 01/15/2008

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 35336 N	2. SYSTEM NAME MOORES 40 ACRES WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN <i>Chief Ops Officer</i> [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12)	
<input type="checkbox"/> Owned and Managed	SMA NAME: _____ SMA Number: _____
<input type="checkbox"/> Managed Only	
<input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Special District	750
<input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RAINNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X				X						57	60	NE SE	17	17N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 35336 N	2. SYSTEM NAME MOORES 40 ACRES WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	7	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	7		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
28. TOTAL SERVICE CONNECTIONS		7	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 21

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM Quarter: 0
Month: 0

Quarter: U

Updated: 01/15/2008

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

ONE FORM PER SYSTEM

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 70001 Q	2. SYSTEM NAME PURDY ACRES WEST WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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6. PRIMARY CONTACT NAME & MAILING ADDRESS			7. OWNER NAME & MAILING ADDRESS		8. Owner Number 000212	
<i>Chief ops officer</i> BOB BLACKMAN [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427			RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448		TITLE: OWNER CONTACT	
STREET ADDRESS IF DIFFERENT FROM ABOVE			STREET ADDRESS IF DIFFERENT FROM ABOVE			
ATTN			ATTN			
ADDRESS			ADDRESS 5410 189TH ST E			
CITY			CITY PUYALLUP		STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone: (253) 537-6634 x1213		Owner Daytime Phone: (253) 537-6634	
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:	
Primary Contact Evening Phone: (253) 537-6634		Owner Evening Phone: (253) 537-6634	
Fax: (253) 537-7896	E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896	E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one) <input type="checkbox"/> Association <input type="checkbox"/> County <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State				14. STORAGE CAPACITY (gallons) 0
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[illegible]

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 70001 Q	2. SYSTEM NAME PURDY ACRES WEST WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
------------------------------------	--	----------------------------	----------------------	----------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	3	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	3		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
28. TOTAL SERVICE CONNECTIONS		3	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 8

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
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32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
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33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: U
Updated: 01/15/2008
Printed: 08/26/2009
WFI Printed For: On-Demand
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 23651 U	2. SYSTEM NAME SHERWOOD RANCHETTES	3. COUNTY PIERCE	4. GROUP B	5. TYPE
-----------------------------	---------------------------------------	---------------------	---------------	---------

6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN ^{Chief Ops Officer} [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

☒ Not applicable (Skip to #12)

☐ Owned and Managed SMA NAME: _____ SMA Number: _____

☐ Managed Only

☐ Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	0

15	16	17	18												19	20	21				22	23	24					
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT				DEPTH		SOURCE LOCATION					
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	SHERWOOD WELL #1		X										X				X						80	60	SW SE	26	19N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 23651 U	2. SYSTEM NAME SHERWOOD RANCHETTES	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	8	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	0 9		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
28. TOTAL SERVICE CONNECTIONS		8	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? <u>20 22</u>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 0

Updated: 01/15/2008

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 42931 P	2. SYSTEM NAME SOUTH CREEK #2	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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6. PRIMARY CONTACT NAME & MAILING ADDRESS Bob Blackman (Chief ops officer) RICHARDSON WATER CO. [WS - PRIMARY CONTA P O BOX 44427 TACOMA, WA 98444	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
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STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375
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9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (000) 537-7332 (253) 537-6634 Primary Contact Mobile/Cell Phone: Primary Contact Evening Phone: Fax: (253) 537-6634 E-mail: bob@rainierviewwater.com	10. OWNER CONTACT INFORMATION Owner Daytime Phone: (253) 537-6634 Owner Mobile/Cell Phone: Owner Evening Phone: (253) 537-6634 Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
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WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> City / Town <input type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	258

15	16	17	18											19	20	21					22	23	24					
SOURCE NAME	INTERTIE	SOURCE CATEGORY	USE	TREATMENT	DEPTH	CAPACITY	SOURCE LOCATION																					
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X				X						60	30	NW NE	01	17N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 42931 P	2. SYSTEM NAME SOUTH CREEK #2	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	4	4
A. Full Time Single Family Residences (Occupied 180 days or more per year)	4		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		4	4

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 10

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 0

Updated: 01/15/2008

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 07233 1	2. SYSTEM NAME 103RD AVE NW WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN <i>Chief Ops Officer</i> MANAGER PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> City / Town <input type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	0

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH	CAPACITY	SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL		X										X			Y	X						91	30	NE SE	21	21N	01E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 07233 1	2. SYSTEM NAME 103RD AVE NW WATER SYSTEM	3. COUNTY PIERCE	4. GROUP B	5. TYPE
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	2	5
A. Full Time Single Family Residences (Occupied 180 days or more per year)	26		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		2	5

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 815

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	Take one sample every 12 months		
34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
			S01

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____